

# OFFICIAL TEAM ROSTER FOR ALL-OHIO NIKE GRASSROOTS BASKETBALL TOURNAMENT

FULL TEAM NAME: \_\_\_\_\_ AGE GROUP: \_\_\_\_\_

COACH: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ WORK PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_

JERSEY #	PLAYER'S NAME*	AGE	D.O.B	HT	SCHOOL	CURRENT GRADE

I hereby certify that the members of team named above meet the age requirements stipulated by the All-Ohio Nike Grassroots Basketball Tournament. I also certify that each of the above named players is covered by a proper accident policy of insurance. In consideration of your accepting this team roster, I hereby for myself, my team, heirs, executors, administrators, and assignees waive and release any and all damages incurred at said tournament.

\_\_\_\_\_

Date
Signature of Team Representative/Position with Team

\*Please type or print names legibly so they can be correct for college coaches. Thank you!

Please return 1-2 weeks before event or email to [jwatson@allohiobasketball.8k.com](mailto:jwatson@allohiobasketball.8k.com) to ensure inclusion in program.